Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Radiation Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 044486 0. CLAIMS AS FILED - PART I (Cotumn 1) OTHER THAN (Column 2) SMALL ENTITY OR SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA BASIC FEE (37 CFR 1.16(a)) RATE FFF<sup>'</sup> RATE FEE TOTAL CLAIMS OR (37.CFR 1.18(c)) minus 20 = INDEPENDENT CLAIMS X S OR (37 CFR 1.18(b)) minus 3 = X \$ OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR  $^{\circ}$  if the difference in column 1 is less than zero, enter  $^{\circ}$ O $^{\circ}$  in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II (Column 1) OTHER THAN SMALL ENTITY (Column 2) (Column 3) OR SMALL ENTITY CLAIMS REMAINING PRESENT NUMBER RATE AFTER PREVIOUSLY ADDI-RATE EXTRA. ADDI-TIONAL MENDMENT PAID FOR TIONAL Total . (37 CFR 1.16(c)) ENDM FEE Minus FEE 0 Independent (37 CFR 1,15(b)) Minus OR x s.*100* אטינאו OR X S FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR +\$ TOTAL TOTAL ADD'L FEE **A**R ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE AFTER AMENDMENT ADDI. PREVIOUSLY RATE **EXTRA** ADOI-窗 TIONAL PAID FOR TIONAL FEE Total (37 CFR 1.16(c)) FEE 200 Minus าเ Independent (37 CFR 1.16(b)) 召 OR  $\mathcal{A}$ Minus OR = FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE AFTER ADDI-PREVIOUSLY RATE **EXTRA** ADDI-TIONAL AMENDMENT PAID FOR TIONAL Total (37 CFR 1.16(c)) ENDM FEE Minus FEE X S Independent (37 CFR 1.160)) OR Minus X S OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

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This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. TOTAL

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or	Docket Number	
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CLAIMS AS			AS FILED - (Column		(Column 2)			SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY		
то	TAL CLAIMS		11/					RATE '	FEE		RATE	FEE	
FO	R		NUMBER	FILED	NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00	
то	AL CHARGEABLE CLAIMS   6 minus 20= * Ø					X\$ 9=		OR	X\$18=				
INDEPENDENT CLAIMS 9 minus			inus 3 =	* \$	)		X42=		OR	X84=			
MULTIPLE DEPENDENT CLAIM PRESENT							+140=			+280=			
* If the difference in column 1 is			is less than z	ero, ente	r "0" in c	olumn 2		TOTAL	70.	OR OR	TOTAL		
		LAIMS AS	AMENDE	D - PAR	TII	(Column 3)		SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		(Column 1 CLAIMS REMAINING AFTER AMENDMEN	9	PREVI		PRESENT EXTRA		RATE	ADDI- TIONAL FEE	``	RATE	ADDI- TIONAL FEE	
WQ.	Total	- 16	Minus	* 2	0	= Ø		X\$ 9=	1	OR	X\$18=		
ME	Independent	• 2	Minus	***	3	= 6		X42=		OR	X84=		
L	FIRST PRESE	NTATION OF	MULTIPLE DE	PENDEN	TCLAIM		1	+140="	ta gotor	ÓŔ	'÷280=		
								TOTAL			TOTAL		ı.
(Column 1) (Column 2) (Column 3)								ADDIT. FEE OR ADDIT. FEE					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMEN	G	HIGI NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
N N	Total	. 16	Minus	-2	Ó	= Ø		X\$ 9=	\ .	OR	X\$18=		l
MEN	Independent	• 3	Minus	***	3	<b>-</b> Ø		X42=		ÖR	X84=		l
	FIRST PRESE	NTATION OF	MULTIPLE DE	PENDEN	T CLAIM		L	+140=		OR	·+280=		l
	•	,						TOTAL		OR	TOTAL ADDIT, FEE	•	١
		(Column	1)	(Colu	(mn 2)	(Column 3		ADDIT. FEE			ADD13. FEE		1
NTC		CLAIMS REMAININ AFTER AMENDMEI	G	HIG NUI PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE:	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DME	Total	. 24	Minus	: ** 72	0.	= 4		X\$ 9=	36:00	OR	X\$18=		
AMENDMENT	Independent	• 5	Minus	***	3	= 2		X	86.00	OR	X84=		1
۲	FIRST PRES	ENTATION OF	MULTIPLE D	EPENDEN	IT CLAIM		J	+140=			+280=		1
• If the entry in column 1 is I se than the ntry in column 2, write "O" in column 3.											┨		
44	If the "Highest N	umber Previous	ly Paid For IN T	HIS SPACE	is less th	an 20, enter "2" an 3, enter "3."	-	ADDIT. FEE	20-W	OR	./ .		1
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